

OFFICE OF THE INSPECTOR GENERAL

DMHMRSAS

SNAPSHOT INSPECTION

CENTRAL VIRGINIA TRAINING CENTER

ANITA S. EVERETT, MD

INSPECTOR GENERAL

OIG REPORT # 61-02

EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at Central Virginia Training Center in Lynchburg, Virginia during May 16, 2002. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three quality of care areas. The areas are as follows: the general conditions of the facility, staffing patterns and concerns and active treatment.

Overall, this facility was clean and well maintained. It was noted that staff have made efforts to make these outdated and institutional buildings appeared more homelike. The facility has established a mechanism for assessing and correcting environmental hazards, which has resulted in fewer resident injuries.

The staffing patterns established by the facility for coverage were met on each of the units toured during the inspection. Overtime was noted to be minimal.

Record reviews revealed that the facility provides for active treatment programs designed to meet the individualized needs of the residents. It was learned that the second psychiatrist hired by the facility had resigned resulting in one full-time psychiatrist providing care. It was reported that the segment of resident population requiring psychiatric treatment has been increasing over the past several years at CVTC, making the availability of this service more critical.

Facility: Central Virginia Training Center

Lynchburg, Virginia

Date: May 16, 2002

Type of Inspection: Snapshot Inspection / Unannounced

Reviewers: Cathy Hill, M.Ed.

Heather Glissman, BA

Laura Stewart, LCSW

Purpose of the Inspection: To conduct an inspection of the general environmental conditions, staffing patterns and activities of the patients.

Sources of Information: Interviews were conducted with clinical and direct care staff. Interactions with residents occurred during both evening and day shifts. Documentation reviews, included but was not limited to; patient(s) health records, medication records, staff schedule sheets, program descriptions and activity/program schedules. Activities and staff/patient interactions were observed during a tour of selected residential areas in the facility.

GENERAL ENVIRONMENTAL ISSUES

Finding 1.1: Overall, the facility was clean, odor-free and well maintained.

Background: During this inspection, tours were conducted in Buildings 2, 6, 7, 15, and the Shenandoah House. The units were noted to be clean, well maintained and odor-free. Bathrooms were observed to be clean. Hallways and rooms were not cluttered. Equipment and items appeared properly stored. Personal and decorative items were observed in each of the buildings toured. It was apparent that staff have made efforts in making these out-dated institutional buildings more home-like, such as with stenciling on the walls, plants and pictures. It was noted that the availability of personal decorative items varied among the units.

Recommendation: Maintain current attention to a clean and orderly environment that reduces institutional appearance to the extent possible.

Finding 1.2: The facility has established a mechanism for assessing and correcting environmental hazards.

Background: Each unit has been assigned a safety officer, who is responsible for daily monitoring of potential safety hazards. This person reports any identified problems to Buildings and Grounds. Building and Grounds prioritizes these work requests and completes the work as soon as possible. Interviews and observation during the facility tour demonstrated that the facility has institutionalized this integrated model for the ongoing assessment and correction of environmental safety hazards. Persons from a variety of disciplines are involved at least on a monthly basis in meetings that review identified potential risks and then developing strategies for correcting these problem areas. This process has included: the replacement of all old and hazardous furniture with cushioned, easier to clean furniture; the removal of all unused furniture; the removal of all obstacles in bathrooms, bedrooms and dayrooms; the inclusion of castors under beds; the use of less shine floor wax; inclusion of shower mats on slick areas; and the repair of cracked sidewalks and walk ways.

Recommendation: Sustain the current system for evaluating and correcting potential risk factors. It is recommended that opportunities be made available for CVTC to share this model with other facilities.

STAFFING ISSUES

Finding 2.1: Staffing patterns met the facility expectations during the inspection.

Background: Interviews and observations demonstrated that the expected number staff were available.

Staffing patterns were as follows:

Unit 2A - 8 residents and 2 DSA's; (2 med aides and 2 supervisors for Building 2)

Unit 2B - 13 residents and 4 DSA's; (2 med aides and 2 supervisors for Building 2)
Unit 2C- 10 residents and 2 DSA's; (2 med aides and 2 supervisors for Building 2)
Unit 2D- 6 residents and 2 DSA's; (2 med aides and 2 supervisors for Building 2)
Unit 7A- 13 residents and 5 DSA's; 1 Activities Therapist for 7 A and 7B
Unit 7B - 14 residents and 4 DSA's;
Unit 15B - 15 residents and 3 DSA's

Out of 27 staff two staff were working overtime.

CVTC is aware of specific staffing concerns and continue to take steps to address the shortage of staff due to the high level of staff entering retirement. Given the nature and complexity of current residents, 1:5 staff to resident ration as was witnessed in several units is minimal.

Recommendation: Maintain current efforts to sustain facility staffing expectations.

Finding 2.2: There is insufficient psychiatric coverage to meet the needs of residents at CVTC.

Background: Interviews reveal that CVTC had received notice that the contract psychiatrist resigned effective the end of May 2002, due to a family relocation. This results in the facility having only one full-time psychiatrist. Record reviews demonstrated that 3 of 5 records did not have documentation of psychiatric follow-up for prescribed interventions. It was reported that the segment of resident population requiring psychiatric treatment has been increasing over the past several years at CVTC, making the availability of this service more critical.

Recommendation: Prioritize the recruitment of additional psychiatric services at CVTC.

Finding 2.3: This facility has committed resources to enhance staff training and career advancement.

Background: Interviews with administration staff and line staff indicated that CVTC has created an atmosphere that provides the opportunity for staff at all professional levels to engage in comprehensive staff training and or career advancement training. Four line staff were interviewed and provided examples of co-workers that had been financially supported through reimbursement to advance their career through higher education.

CVTC has dedicated \$778,340 in FY 2002 and \$743,340 in FY 2003 for Advanced Career Training and Staff Development for all facility staff. In FY2002, educational assistance has been provided to 36 employees. Ongoing inservices for all staff.

Recommendation: Maintain the commitment to provide career advancement training and professional development to all staff.

ACTIVE TREATMENT

Finding 3.1: CVTC has developed active treatment to meet individual resident needs.

Background: Five record reviews and observations indicated that the facility has integrated active treatment into the daily routine. This enables clients to receive individualized program and levels of supervision commensurate with their needs.

Interviews with a variety of disciplines demonstrated that staff work together to create a team approach to offer the most appropriate level of active treatment.

Recommendation: Continue to develop active treatment the meets individual resident needs.